SHOREHAVEN HEALTH/REHABILITATION CENTER

1306 W WISCONSIN AVE, PO BOX 208

OCONOMOWOC 53066 Phone: (262) 567-8341		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/05):	150	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	150	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	127	Average Daily Census:	133

Age, Gender, and Primary Diagnosis	of Residents (12/	31/05)		Length of Stay (12/31/05)	%
Primary Diagnosis	%	Age Groups 	% 	   Less Than 1 Year   1 - 4 Years	33.1 37.0
Developmental Disabilities	0.0	Under 65	1.6	More Than 4 Years	29.9
Mental Illness (Org./Psy)	29.1	65 - 74	6.3		
Mental Illness (Other)	1.6	75 - 84	31.5		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	47.2		
Para-, Quadra-, Hemiplegic	1.6	95 & Over	13.4	Full-Time Equivalent	
Cancer	3.9			Nursing Staff per 100 Resid	ents
Fractures	0.0	İ	100.0	(12/31/05)	
Cardiovascular	11.0	65 & Over	98.4		
Cerebrovascular	17.3			RNs	14.1
Diabetes	1.6	Gender	8	LPNs	7.4
Respiratory	6.3			Nursing Assistants,	
Other Medical Conditions	27.6	Male	26.0	Aides, & Orderlies	51.0
		Female	74.0	İ	
	100.0	İ		İ	
			100.0	İ	

## Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19			Other		1	Private Pay	2		amily Care			anaged Care			
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	3	5.1	150	0	0.0	0	2	3.3	246	0	0.0	0	0	0.0	0	5	3.9
Skilled Care	7	100.0	258	52	88.1	130	0	0.0	0	59	96.7	236	0	0.0	0	0	0.0	0	118	92.9
Intermediate				4	6.8	110	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		59	100.0		0	0.0		61	100.0		0	0.0		0	0.0		127	100.0

SHOREHAVEN HEALTH/REHABILITATION CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	1.0	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		76.4	23.6	127
Other Nursing Homes	1.4	Dressing	2.4		78.0	19.7	127
Acute Care Hospitals	82.4	Transferring	11.8		75.6	12.6	127
Psych. HospMR/DD Facilities	1.0	Toilet Use	8.7		70.1	21.3	127
Rehabilitation Hospitals	6.7	Eating	44.9		44.1	11.0	127
Other Locations	0.5	*******	******	*****	*****	******	*****
otal Number of Admissions	210	Continence		%	Special Treatmen	ts	8
ercent Discharges To:		Indwelling Or Extern	al Catheter	3.9	Receiving Resp	iratory Care	6.3
Private Home/No Home Health	27.7	Occ/Freq. Incontiner	nt of Bladder	44.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	15.0	Occ/Freq. Incontiner	nt of Bowel	33.1	Receiving Suct	ioning	0.0
Other Nursing Homes	0.9	į			Receiving Osto	my Care	2.4
Acute Care Hospitals	6.8	Mobility			Receiving Tube	_	0.8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.6	Receiving Mech	anically Altered Diets	26.8
Rehabilitation Hospitals	0.0	į -				-	
Other Locations	5.9	Skin Care			Other Resident C	haracteristics	
Deaths	26.8	With Pressure Sores		3.9	Have Advance D	irectives	78.7
otal Number of Discharges		With Rashes		2.4	Medications		
(Including Deaths)	220				Receiving Psyc	hoactive Drugs	55.9

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

************	******	*****	*****	*****	*****	*****	*****	*****	*****
	Ownership:			Bed	Size:	Lic	ensure:		
	This	Non	profit	100	-199	Ski	lled	Al.	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	ે	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.7	87.0	1.02	84.6	1.05	86.5	1.03	88.1	1.01
Current Residents from In-County	81.9	87.6	0.94	87.4	0.94	84.9	0.97	77.6	1.06
Admissions from In-County, Still Residing	18.6	19.2	0.97	17.0	1.09	17.5	1.06	18.1	1.02
Admissions/Average Daily Census	157.9	172.6	0.91	221.6	0.71	200.9	0.79	162.3	0.97
Discharges/Average Daily Census	165.4	175.8	0.94	225.9	0.73	204.0	0.81	165.1	1.00
Discharges To Private Residence/Average Daily Census	70.7	73.1	0.97	100.1	0.71	86.7	0.82	74.8	0.94
Residents Receiving Skilled Care	96.9	97.8	0.99	97.0	1.00	96.9	1.00	92.1	1.05
Residents Aged 65 and Older	98.4	96.5	1.02	90.1	1.09	90.9	1.08	88.4	1.11
Title 19 (Medicaid) Funded Residents	46.5	48.9	0.95	55.5	0.84	55.0	0.84	65.3	0.71
Private Pay Funded Residents	48.0	31.3	1.53	21.9	2.19	22.5	2.13	20.2	2.38
Developmentally Disabled Residents	0.0	0.4	0.00	1.2	0.00	1.1	0.00	5.0	0.00
Mentally Ill Residents	30.7	31.3	0.98	28.6	1.07	31.0	0.99	32.9	0.93
General Medical Service Residents	27.6	27.9	0.99	30.3	0.91	26.5	1.04	22.8	1.21
Impaired ADL (Mean)	52.3	51.5	1.02	52.9	0.99	52.3	1.00	49.2	1.06
Psychological Problems	55.9	62.4	0.90	56.3	0.99	58.3	0.96	58.5	0.96
Nursing Care Required (Mean)	5.3	7.0	0.76	6.9	0.77	7.3	0.73	7.4	0.72